

# A STUDY OF MORBIDITY PROFILE OF GERIATRIC POPULATION IN THE FIELD PRACTICE AREA OF RURAL HEALTH TRAINING CENTRE, PAITHAN OF GOVT. MEDICAL COLLEGE, AURANGABAD

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## ABSTRACT

1. Research Question: What is the morbidity profile pattern of geriatric population in rural area?
2. Objectives : i) To study the morbidity profile of elderly  
ii) To study the addiction problems among elderly.
3. Study design: Cross - Sectional Study
4. Settings: Field practice area of R.H.T.C, Paithan of Govt. Medical College, Aurangabad.
5. Participants: Elderly above 60 years of age.
6. Sample size: 625 which was 20 % of total elderly at RHTC, Paithan.
7. Statistical analysis: Chi- Square
8. Results: We concluded that the prevalence of Cataract was 40.16 %, joint pain-23.04%, C.O.P.D-7.52%, Senescent forgetfulness-10.88%, hemorrhoids - 8.64%, BEP- 7.20% in elderly males, hearing impairment - 24.8%, hypertension - 21.6% and diabetes mellitus - 13.92%, anemia - 8.32% was present in elderly. Prevalence of addiction among males was 68.34% and among females 45.42% elderly females use to chew tobacco.

## INTRODUCTION

The two extremes of life child and elderly need special care. Elderly life is full of problems – physical, social and economic. While ageing of the population is essentially a simple phenomenon, its consequences are multiple and not always well recognized. It is rightly said by Sir James Sterling Ross- “You do not heal old age, you protect it, you promote it, you extend it”. The elderly are afflicted by the process of ageing which causes a general decline in health

Certain diseases are more frequent among elderly than the young people, degeneration diseases of heart and blood vessels, cancer, accidents, diabetes, diseases of locomotor system, respiratory illness, genitor-urinary tract diseases. In India, although the percentage of aged persons to the total population is low in country, nevertheless, the absolute size of the aged population is considerable. Elderly with disability resulting from chronic diseases appear at high risk of acute illness and injuries.

Although Primary Health Centres along with their sub- centres are distributed all over the country. They are not able to avail all the facilities at the PHC or its sub-centres owing to lack of transport, geographical distance, or physical disabilities or for want of funds and physical help for travel.

There is ample scope for research into the degeneration and other diseases of elderly their treatment in hospital and general practice and family into preventive geriatrics and the epidemiology affecting the elderly.

## MATERIAL AND METHODS:

The present study was carried out at the field practice area of Rural Health and Training Center, Paithan of Government Medical College, Aurangabad during the period of 1<sup>st</sup> Sept- 2006 to 31<sup>st</sup> August -2007.

Total elderly population according to the above definition at the field practice area of Rural Health and Training Center (RHTC), Paithan was 3128. Enlisting of the study subjects was done by systematic random sampling by using Loksabha electoral list of 2005. A sample of 20% of total elderly population was taken by including every fifth elderly from the electoral list.

Home visit was paid to study subjects and were interviewed and examined for health and socio-economic problems.

Elderly who had expired or houses of whom were permanently locked or have transferred their residence or elderly who cannot be contacted after three successive visits to their homes were excluded and next elderly in the list was included.

## RESULTS:

**Table No. 1**—Medical morbidities among elderly in various systems:

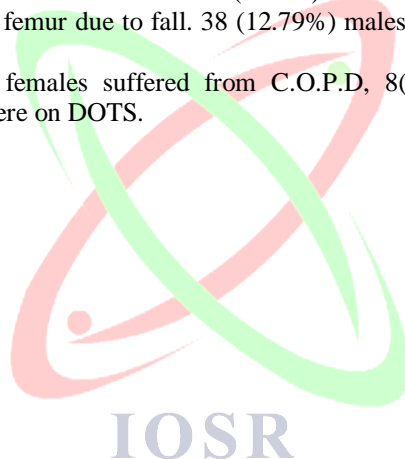
The study subjects were interviewed and examined and the following observations were made. Out of total 625 elderly studied, 328 (52.48 %) were females and 297 (47.52 %) were elderly males. All the elderly included in the study were thoroughly examined for any systemic disease or physical defects. Present complaints were asked initially and according to it, following the proforma elderly was examined.

General examination by taking pulse rate, blood pressure etc was carried out. Then systemic examination was carried out. The criteria laid down by standard text books of Medicine, Surgery, OBGY, Ophthalmology, ENT and manual for clinical examination was used for diagnosis of medical conditions and also the help of case paper record available with individuals was taken into consideration.

**Table no.1** - shows that 124 (41.75%) males and 127(38.71%) in females had Cataract in single or both eyes. Presbyopic morbidity was present in 26(8.75%) males and 42(12.80%) females. 10 (3.36%) males and 3(0.91%) females had active conjunctivitis. While 7(2.35%) males and 6(1.82%) females had pterygium.

39(13.13%) males and 54(16.46%) females had backache. 5(1.68%) males and 8(0.91%) females had complaints of spondylitis. 3 males and 12 females had # femur due to fall. 38 (12.79%) males and 46(14.02%) females had complaints of arthritis.

30(10.10%) males and were 17(5.18%) females suffered from C.O.P.D, 8(2.69%) males and 6(2.24%) females had bronchiectasis and 2 males and 1 female were on DOTS.



	<b>Male (n =297)</b>		<b>Female (n =328)</b>		<b>Total (n =625)</b>	
	No.	%	No.	%	No.	%
<b>Cataract</b>	124	41.75	127	38.71	251	40.16
<b>Hearing impairment</b>	63	21.21	92	28.04	155	24.8
<b>Hypertension</b>	43	14.47	92	28.04	135	21.6
<b>Diabetes</b>	31	10.43	56	17.07	87	13.92
<b>Arthritis</b>	38	12.79	46	14.02	84	13.44
<b>Refractive error</b>	28	9.42	43	13.10	71	11.36
<b>Senescent forgetfulness</b>	41	13.80	27	8.23	68	10.88
<b>Depression</b>	25	8.41	42	12.80	67	10.72
<b>Hemorrhoids</b>	33	11.11	21	6.40	54	8.64
<b>Anemia</b>	14	4.71	38	11.58	52	8.32
<b>APD</b>	20	6.73	28	8.53	48	7.68
<b>C.O.P.D</b>	30	10.10	17	5.18	47	7.52
<b>Constipation</b>	28	9.42	14	4.26	42	6.72
<b>Corneal Opacity</b>	10	3.36	22	6.70	32	5.12
<b>Hemiplegia</b>	18	6.06	11	3.35	29	4.64
<b>BEP</b>	22	7.40	--	--	22	3.52
<b>Skin disorders</b>	16	5.38	06	1.82	22	3.52
<b>Urinary incontinence</b>	11	4.04	08	2.43	19	3.04
<b>UTI</b>	03	1.01	15	4.57	18	2.88
<b>Fracture femur</b>	03	1.01	12	3.65	15	2.40
<b>Bronchiectasis</b>	08	2.69	06	1.82	14	2.24
<b>Leprosy</b>	00	00	03	0.91	03	0.48

41(13.80%) males and 27(8.23%) females were having senescent forgetfulness. While 25(8.41%) males and 42(12.80%) had history and symptoms of depression. 18(6.06%) males and 11(3.35%) females suffered from Hemiplegia. 3(0.91%) females were having various deformities of Leprosy.

20(6.73%) males and 28(8.53%) females had acid peptic disease, 33(11.11%) males and 21(6.40%) females had complaints of hemorrhoids. While 28(9.42%) males and 14(4.62%) females had the problem of constipation.

22(7.40%) males had complaint and symptoms of benign enlargement of prostate. 15(4.57%) females were suffering from urinary tract infection. 3(1.01%) males and 2(0.60%) females had fecal incontinence while 11(4.04%) males and 8(2.43%) females had urinary incontinence. The incidence rates of urge incontinence and stress incontinence were 19.8% (with 3.1% often) and 14.5% (with 1.9%), respectively.

31 (10.43%) males and 56(17.07%) females were having the complaints of Diabetes mellitus and 43(14.47%) males and 92(28.04%) females of hypertension. 38(8.53%) females were having anemia. 4(1.32%) males and 10(3.04%) females were taking treatment for cancer. 16(5.38%) males and 6(1.82%) females presented with various skin disorders. While 63(21.21%) males and 92(28.04%) females had various degree of hearing impairment.

**Table no. 2- Addiction pattern among elderly:**

Habit	Male (n =297)		Female (n =328)		Total (n =625)	
	No.	%	No.	%	No.	%
Other	120	40.40	166	50.60	286	45.76
Tobacco	87	29.29	149	45.42	236	37.76
Smoking	89	29.96	00	00	89	14.24
Alcohol	54	18.18	00	00	54	8.64
No addiction	94	31.64	119	36.28	213	34.08

$\chi^2 = 114.18$ ; ( $p < 0.001$ ); d.f= 3

**Table no.2** - shows the addiction habits of elderly. 89(29.96%) males were smoking and 54(18.18%) were consuming alcohol. 87(29.29%) males and 149(45.42%) females were chewing tobacco. 120 (40.40%) males and 166(50.60%) females were having addictions like Hukka, Bhang, betel, and pan. While 213(34.08%) were having no addiction. Significantly higher proportion of males were having addiction of alcohol and smoking ( $p < 0.001$ ).

## DISCUSSION:

In the present study 122 (41.07%) elderly males were of the 60- 64 years age group and 88 (26.82%) females were of the 65- 69 years age group.

Present study shows that 124 (41.75%) males and 127(38.71%) in females had Cataract in single or both eyes. Presbyopia in 26(8.75%) males and 42(12.80%) females. 10 (3.36%) males and 3(0.91%) females had active conjunctivitis. Similarly, Adegbehingbe BO (2006)<sup>2</sup> found that of the 445 people examined, cataract 30 (42.3%), glaucoma 23 (32.4%) and uncorrected aphakia 7 (9.9%) were the leading causes of blindness and cataract 245 (54.2%) and glaucoma 176 (38.9%) were the most common causes of low vision followed by pterygium 10 (2.2%), corneal opacity 9 (1.8%) and refractive errors 6 (1.3%). Singh MM (1997)<sup>3</sup> studied the prevalence of low vision was 32% while that of blindness was 12.2%. There was a high prevalence of refractive errors (40.8%), cataract (40.4%), aphakia (11.1%) followed by pterygium (5.2%), glaucoma (3.1%) and corneal opacities (3%). These findings were comparable with present study.

In the present study 39(13.13%) males and 54(16.46%) females had backache. 5(1.68%) males and 8(0.91%) females complained of spondylitis. 3 males and 12 females had # femur due to fall. 38 (12.79%) males and 46(14.02%) females complained of arthritis.

In a study by Sharma MK (2007)<sup>4</sup> interviewed and assessed 362 elderly clinically they found that the overall prevalence of osteo-arthritis was 56.6%; in rural areas it was 32.6% and in urban, it was 60.3% ( $p < 0.001$ ). Osteoarthritis was more in females as compared to males (70.1% Vs 41.6%). Anil Jacob Purty (2006)<sup>5</sup> studied 320 elderly, out of which the elderly most commonly complaint of joint pains/joint stiffness 139(43.4%). Rahul Prakash (2004)<sup>6</sup> showed that commonest

musculoskeletal disease was arthritis 16(8.42%). These findings are comparable with the present study. 41(13.80%) males and 27(8.23%) females were having senescent forgetfulness.

While 25(8.41%) males and 42(12.80%) had history and symptoms of depression. 18(6.06%) males and 11(3.35%) females suffered from Hemiplegia. 3(0.91%) females were having various deformities of Leprosy. Which shows that these results are comparable with the present study.

Liu C, Andrews GR (2002)<sup>7</sup> revealed higher prevalence than present study of urge incontinence rate with 36.6% to 41.6% of the elderly having atleast an occasional problem (with 7.5% to 9.6% having problems often) , compared to 23.4% to 28.8% having at least an occasional problem with stress incontinence (with 3.3% to 5% having problems often).

Similarly in the study carried out by Surekha Kishore (2007)<sup>8</sup> found that hypertension was the most common problem (41.4%), followed by musculoskeletal problems (36.8%), respiratory problems (36.1%) and psychosocial problems (28.8%). Sonia Puri (2007)<sup>9</sup> found that 40 (54.1%) elderly presented with some sign / symptom for which fasting blood sugar level was done and the patient was found diabetic. 18 (24.6%) were diagnosed on routine investigation and rest 16 (21.6%) accidentally. Anil Jacob Purty (2006)<sup>5</sup> in his study found hypertension in 83 (25.9%) and diabetes in 26 (8.3%) elderly. Gastrointestinal complaints / diarrhea in 38 (12%), dermatological in 28 (9.4%), and respiratory in 22 (7.3%) were less common. 195 (61%) of the elderly chewed tobacco, 44 (33.3%) of males were smokers and 38 (28.7%) regularly consumed alcohol.

While in Khokhar A (2001)<sup>10</sup> study current smokers constituted 15.62% whereas 30.35% of the men were current consumers of alcohol. 12.5% used tobacco and Singh Charan (1995)<sup>11</sup> reported that aged were addicted to one or more addictions. The addictions were significantly more ( $p < 0.001$ ) among males (71.6%) than females (29.3%). Tobacco smoking was the most common addiction.

## RECOMENDATIONS

1. Ongoing activities of early diagnosis and treatment should be continued and strengthened.
2. Counseling is needed for de-addiction of elderly.
3. During my study period many eye cataract camps were conducted at RHTC, Paithan, with the collaboration of an NGO. So special drives to be launched to look into various aspects of elderly health with the help of NGO.
4. IEC activities about the needs of elderly and their solution should be launched including seminars; geriatric care Mela's, outreach programmes should be conducted.

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